

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90008 001 ***158.75

DOCUMENT # P01000002849

1. Entity Name
A & D PAVING, INC.



Principal Place of Business

**13327 SW 114 COURT
MIAMI, FL 33176**

Mailing Address

**13327 SW 114 COURT
MIAMI, FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07182004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1066010

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

44049668



6. Name and Address of Current Registered Agent

**KORTH, ELIZABETH M
7371 SW 114 PLACE
MIAMI, FL 33173**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ALMAGUER, OSCAR
STREET ADDRESS 13327 SW 114 COURT
CITY-ST-ZIP MIAMI, FL 33176

TITLE V ☒ Delete
NAME OROZCO, MIGUEL
STREET ADDRESS 13327 SW 114 COURT
CITY-ST-ZIP MIAMI, FL 33176

TITLE ST ☐ Delete
NAME KORTH, ELIZABETH M
STREET ADDRESS 7371 SW 114 PLACE
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth M. Korth **Elizabeth M. Korth**

7/19/04

Date

Daytime Phone #

305 254 9038